



Apricus, LLC
PO Box 1441
Columbus, IN 47202

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Apricus, LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize Apricus, LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Apricus, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Apricus, LLC receives a written notice of cancellation from me or my financial institution.

Account Information

Name of Financial Institution: _____
Routing Number: _____
Account Number: _____
Checking Savings

Employee/Customer Name: _____

Signature

Authorized Signature (Primary): _____ Date: _____
Authorized Signature (Joint): _____ Date: _____

Please attach a scanned voided check and return this form to Lesli Gordon at lesli@whale-sale.com or at the event.